



# Mary's House

520 Guilford Avenue  
Greensboro, NC 27401  
336.275.0820

## APPLICATION FOR ADMISSION FOR MARY'S HOMES

### Personal Data

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Significant Other

If married, husband's name & address: \_\_\_\_\_

### Children:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Custody:  Yes  No Living arrangements now: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Custody:  Yes  No Living arrangements now: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Custody:  Yes  No Living arrangements now: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Custody:  Yes  No Living arrangements now: \_\_\_\_\_

If there are other children, please use the back of page and include the above information for each child.

Do your children have any special needs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Other contact information: \_\_\_\_\_

**Substance Abuse History:**

Initial Drug Used: \_\_\_\_\_ At what age?: \_\_\_\_\_

Preferred Drug of Abuse: \_\_\_\_\_ Amount used currently: \_\_\_\_\_

Withdrawal? \_\_\_\_\_ Yes \_\_\_\_\_ No Please list any other drugs that you are using:

Drug: \_\_\_\_\_ Last date used: \_\_\_\_\_ Amount: \_\_\_\_\_

Drug: \_\_\_\_\_ Last date used: \_\_\_\_\_ Amount: \_\_\_\_\_

Have you sought prior help with your drug problem? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list treatment centers with the most recent admission first:

1. Treatment Center: \_\_\_\_\_ Dates of treatment: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Treatment Center: \_\_\_\_\_ Dates of treatment: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Treatment Center: \_\_\_\_\_ Dates of treatment: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If other treatment has been provided, please list on the back of this sheet.

How much are you currently spending on drugs? \$ \_\_\_\_\_ Day \$ \_\_\_\_\_ Week

What is the longest period of time that you have not used drugs? \_\_\_\_\_

Have you ever been to an AA or NA meeting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you attending AA or NA now? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not currently using drugs, how long have you been sober? \_\_\_\_\_

**Educational and Employment History:**

Last school attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

GED: \_\_\_\_\_ Career Goals: \_\_\_\_\_

Last Employer: \_\_\_\_\_ Type of job: \_\_\_\_\_

Employment skills you possess: \_\_\_\_\_

Are you interested in additional schooling or career training? \_\_\_\_ Yes \_\_\_\_ No If yes, what type?

Have you ever served in the military? \_\_\_\_ Yes \_\_\_\_ No If yes, what branch? \_\_\_\_\_

**Personal Health:**

How do you rate your current health? \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor

Do you have any chronic health problems? \_\_\_\_ Yes \_\_\_\_ No

What type of prescription drugs are you taking? \_\_\_\_\_

Most recent hospitalization: \_\_\_\_\_ Reason: \_\_\_\_\_

Other hospitalizations: \_\_\_\_\_ Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever received help for a mental or emotional problem? \_\_\_\_ Yes \_\_\_\_ No If yes, when and where was the treatment? \_\_\_\_\_

Are you currently under the care of a doctor? \_\_\_\_ Yes \_\_\_\_ No Reason: \_\_\_\_\_

Are you pregnant? \_\_\_\_ Yes \_\_\_\_ No If yes, when are you due? \_\_\_\_\_

List the doctor providing care: \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_ Yes \_\_\_\_ No If yes, list all medications or other substances:

Do your children that would live with you in Mary's Homes have any health issues? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Legal History:**

Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No If yes, what charges? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of anything other than a minor traffic charge? \_\_\_\_ Yes \_\_\_\_ No If yes, please list all convictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending criminal charges? \_\_\_\_ Yes \_\_\_\_ No If yes, what charges?  
\_\_\_\_\_  
\_\_\_\_\_

Are you on probation? \_\_\_\_ Yes \_\_\_\_ No If yes, please list the name of your probation officer:  
\_\_\_\_\_  
Phone: \_\_\_\_\_ County of Probation: \_\_\_\_\_

Are you on parole? \_\_\_\_ Yes \_\_\_\_ No If yes, please list the name of your parole officer:  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Length of time left: \_\_\_\_\_

Do you have an attorney? \_\_\_\_ Yes \_\_\_\_ No If yes, please list name and telephone number:  
\_\_\_\_\_

**Other Information:**

Are you currently homeless? \_\_\_\_ Yes \_\_\_\_ No Being evicted? \_\_\_\_ Yes-Date: \_\_\_\_\_ \_\_\_\_ No

How did you hear about Mary's Homes? (You may check all that apply.)  
\_\_\_\_ Friend \_\_\_\_ Relative \_\_\_\_ Caseworker \_\_\_\_ Counselor \_\_\_\_ Treatment Center \_\_\_\_ Shelter  
\_\_\_\_ Prior applicant Name of referring individual: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do you have family and friends supporting your recovery? \_\_\_\_ Yes \_\_\_\_ No If yes, who?

---

Have you ever lived in public housing? \_\_\_\_yes \_\_\_\_no

If yes, where and when? \_\_\_\_\_

Did you leave in good standing? \_\_\_\_yes \_\_\_\_no

If no, why? \_\_\_\_\_

---

Do you owe any past due utility bills? \_\_\_\_ yes \_\_\_\_no

If yes, to what company and what is the past due balance: \_\_\_\_\_

---

Is there additional information that you think is important to your application that we have not asked?

If yes, please include it here:

---

---

---

---

---

---

By my signature, I am certifying that all the above information is true to the best of my knowledge and belief. I have omitted nothing and have provided accurate answers to the questions asked. I understand that Mary's Homes will review my application and I may be granted a face to face interview if I meet the basic qualifications for consideration of admission. I also understand that the submission of this application does not guarantee me admission to the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

